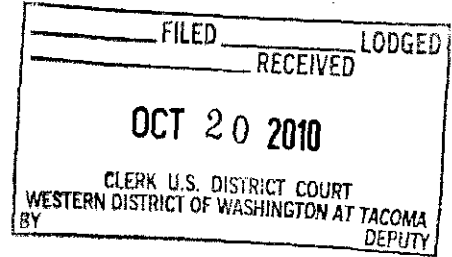


10-CV-05773-CMP

Case Rights Complaint (Rev. 03/09)



UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON

Edward M. Olsen

(Name of Plaintiff)

C10-5773 RBL/JRC

vs.

CIVIL RIGHTS COMPLAINT  
UNDER 42 U.S.C. § 1983

Kitsap County Sheriffs Office, Jail

Con Med Health Care Management Inc.

(Names of Defendants)

I. Previous Lawsuits:

- A. Have you brought any other lawsuits in any federal court in the United States while a prisoner: ☐ Yes ☒ No
- B. If your answer to A is yes, how many?: N/A Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff N/A

Defendants N/A

2. Court (give name of District)

N/A

3. Docket Number N/A
4. Name of judge to whom case was assigned N/A
5. Disposition (For example: Was the case dismissed as frivolous or for failure to state a claim? Was it appealed? Is it still pending?) N/A
6. Approximate date of filing lawsuit N/A
7. Approximate date of disposition N/A

II. Place of Present Confinement: Kitsap Co. Jail

- A. Is there a prisoner grievance procedure available at this institution?  
☒ Yes ☐ No
- B. Have you filed any grievances concerning the facts relating to this complaint?  
☒ Yes ☐ No

If your answer is NO, explain why not \_\_\_\_\_

- C. Is the grievance process completed? ☒ Yes ☐ No

If your answer is YES, ATTACH A COPY OF THE FINAL GRIEVANCE RESOLUTION for any grievance concerning facts relating to this case.

III. Parties to this Complaint

- A. Name of Plaintiff: Edward M. Olsen Inmate No.: 20000844  
 Address: Kitsap Co Sheriff's Office (Jail) 614 Division St. MS-33  
Port Orchard, Wa. 98366

(In Item B below, place the full name of the defendant, his/her official position, and his/her place of employment. Use item C for the names, positions and places of employment of any additional defendants. Attach additional sheets if necessary.)

- B. Name of Defendant: Kitsap Co. Sheriff's Office (Jail)  
 Official position: \_\_\_\_\_  
 Place of employment: \_\_\_\_\_  
 Address: \_\_\_\_\_

C. Additional defendants Con Med Health Care Management Inc.

III. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates, places, and other persons involved. Do not give any legal arguments or cite any cases or statutes. If you allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets if necessary.)

I have been incarcerated in Kitsap County Jail  
since 1/29/10 and have been denied medical and  
dental care by Conmed Health Care Management Inc.

**IV. Relief**

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

To help me be compensated for pain and  
suffering.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 1st day of October, 2010.

  
(Signature of Plaintiff)